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Application Number	10/791,424
Filing Date	03-01-2004
First Named Inventor	SCHLOSSMAN, David
Art Unit	1794
Examiner Name	ROBINSON, Elizabeth A.
Attorney Docket Number	25629/12

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature /s/Anthony H. Handal/

Name Anthony H. Handal 26,275 (Representative for Applicant/Inventor)

Date 05-09-2008 Telephone (212) 908-3912

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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